



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Department of Medical Assistance 1010 West Peachtree ST. N.W. Atlanta, Georgia 30309 ALTERNATIVE HEALTH SERVICES PROJECT	Application Number <b>78-273</b>	
Application Number		Date Received SEP 22 1978	Date Completed DEC 6 1978
2. Person to Contact Mary Davis-Preston		Working Title Secretary III	Telephone Number 894-4836
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 7/76      Latest 3/31/81		5. Records Series Title (followed by title used in office, if different) ALTERNATIVE HEALTH SERVICES CLIENT FILE	
6. Division and Office Function      What is the function of the Division and the Office in which this record series is created?  Alternative Health Services is a Federally funded research project designed to demonstrate the cost and effectiveness of keeping elderly persons in their own homes and offering them services such as home-makers, day rehabilitation, or visiting nurses as an alternative to premature nursing home institutionalization.  This is accomplished by evaluating and assessing information given by Medicaid recipients, who have volunteered to be research subjects, in an effort to ascertain whether offering special project services under Medicaid would be beneficial to the State of Georgia and its elderly population.			
7. Record Series Description      This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: evaluating the effectiveness of providing Alternative Health Services to Medicaid recipients. Included but not limited to are: DMA/AHS-181 thru DMA/AHS-197, DMA/AHS-202 thru DMA/AHS-205, MBS/6 Physicians Recommendation Concerning skilled Nursing Home Care, Intermediate Care or Intermediate Care for the Mentally Retarded, Client Assessment Interview Semi-annual Interview Annual Interview  File is arranged: Alphabetically by County thereunder alphabetically by client.			
8. Monthly Reference Rate      How often are records referred to which are: One to six months old <u>60</u> ; Seven to twelve months old <u>60</u> ; Thirteen to twenty-four months old <u>60</u> ; twenty-five months and older <u>30</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) _____ 15 lateral 42" dwr.			

YES	NO	10. Questionnaire (Place an "X" in the proper column.)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. 45CFR 205.50 safeguarding info for financial assist. & social services programs
X		c. Is this a vital record?
X		d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. end of project summary & annual report.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |                |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years.   |
| b. Statute of limitation | _____ years. | e. Administrative need            | 4 _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years.   |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Administratively, it is necessary to retain these files four years after the completion of the Project to insure proper payment for services rendered and to provide a client history file.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal year; ☒ Other See be \_\_\_\_\_ then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area, hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

When client is no longer active in project, remove from active files and place in inactive files. Cut off inactive files at end of each calendar year; hold in current files area 1 year; then transfer to State Records Center; hold until March 31, 1985; then destroy, except that at the end of each fifth year, 1 cu. ft. of records will be retired to State Archives. (Note: This research project is scheduled for completion March 31, 1981.)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Japm. Cary</i>	9-18-78	<i>Paul J. Murphy</i>	9/15/78
		State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee	12-5-78
		Secretary of State/Designee	12-4-78
		Attorney General/Designee	12-5-78